

JANE SWIFT GOVERNOR

WILLIAM D. O'LEARY SECRETARY

HOWARD K. KOH, MD, MPH COMMISSIONER

CHSB USE ONLY

e Commonwealth of M sachusetts Executive Office of Health and Human Services Department of Public Health 250 Washington Street, Boston, MA 02108-4619

GMADPH

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CORI REQUEST FORM

Massachusetts Department of Public Health has been certified by the Criminal History Systems Board to access conviction and pending case CORI for the purpose of screening current and otherwise

contact with the client population of DI		e potential for unmonitored
As an above-described (prospective) en position of <u>Chemist II</u> conducted on me, pursuant to the abov me. The information provided below if	, I understand that a e, and that the results of same w	criminal record check will be vill not necessarily disqualify
Date: // / 3.0/ 01	(Prospective) Empl	WHA, BBULL) loyee/Applicant Signature
(Prospective) Employee/Applicat	nt Information	(PLEASE PRINT)
O'Brien	Elisabeth	100
Last Name Fir	st Name	Middle Name
BR1665 Maiden Name or Alias (If applicable)		
Date of Birth	Social Security Num	ber
Home Address:		

Requested By:		
Signature of CORI Author	rized Employee	
		·

Record attached

No record